

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Edwards	Fraction C SW SW 1/4 1/4 1/4	Section number 10	Township number T 26 S	Range number R 19 E/W
2. Distance and direction from nearest town or city: 8 1/2 S 1/2 W of Kinsley northside of rd Street address of well location if in city:			3. Owner of well: Kennith Ruhn R.R. or street: City, state, zip code: Kinsley, KS.			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map:		6. Bore hole dia. 2 1/2 in. Completion date 4-30-75 Well depth 106 ft.	
					7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
					8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material			From To		9. Casing: Material Steel Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 106 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 7	
					10. Screen: Manufacturer's name Daerls Type Steel Dia. 16 Slot gage 3/16 Length 40 Set between 66 ft. and 106 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 3/4 5/8	
Sandy Top Soil			0 3		11. Static water level: 26 ft. below land surface Date 3-11-75 mo./day/yr.	
					12. Pumping level below land surfaces: 25 ft. after 14 hrs. pumping 1000 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 1200 g.p.m.	
Brown clay			3 16		13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 3-13-75 mo./day/yr.	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
Sand & Gravel			16 31		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: ft. 3 m Direction N Type Septic Tank Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clay			31 32		17. Pump: <input type="checkbox"/> Not installed	
					Manufacturer's name Fairbanks Morse Model number 3 M83412 HP 100 Volts <input type="checkbox"/> Length of drop pipe 70 ft. capacity 1000 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Good Sand & Gravel			32 54		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Rosencrantz - Bernis 134 Business name License No. Address Great Bend, KS. Signed Frederick A. Bernis Date 4/27/76 Authorized representative	
Clay			54 55			
Good Gravel			55 77			
Clay			77 82			
Sand med.			82 91			
Clay			91 100			
Sand			100 104			
Clay			104 116			
Hard Rock			116 118			
(Use a second sheet if needed)						
18. Elevation: 2225 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: 29783				

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

86-190-10 CSWSW
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